		TED STATES DIS STERN DISTRICT		FILED
		astern	DIVISION	NOV 3 9 7006
,~	Blenda Moore NAME OF THE PLAINTIFF	<u>-</u> _	) ) )	U.S. DICTINGT GOURT EACHER: U.CARIOT OF MO
	- vs -		) )	
			) Case No.	
	Universal frint	ing 4		VO1720ML AL DEMANDED
			YES_X	/ NO
•	NAME OF THE DEFENDANT DEFENDANTS (Enter above th ALL defendant(s) in this lawsuit attach additional sheets if necessi	e full name(s) of . Please	)	
	<u>EMPLOYM</u>	I <u>ENT DISCRIMI</u>	NATION COMPL	AINT
	Title VII of the Civil Rig	ghts Act of 1964, a on on the basis of ra suit in federal distr	s amended, 42 U.S ace, color, religion, ict court under Title	S.C. §§ 2000e, et seq., for gender, or national origin. e VII, you must first obtain commission.
	employment discrimination NOTE: In order to bring	on on the basis of ag g suit in federal dis	ge (age 40 or older) strict court under	U.S.C. §§ 621, et seq., for the Age Discrimination in Employment Opportunity
	employment discrimination	on on the basis of di	isability.	.C. §§ 12101, et seq., for American with Disabilities

Act, you must first obtain a right-to-sue letter from the Equal Employment Opportunity

Commission.

NOT your agen	ity receiving federal financial assistance. TE: In order to bring suit in federal district court under the Rehabilitation Act of In a court first file charges with the appropriate Equal Employment Office representations.  The court is a court first file charges with the appropriate Equal Employment Office representations.  The court file charges with the appropriate Equal Employment Office representations.  The court file charges with the appropriate Equal Employment Office representations.
	CIVITY PIONS STATE OF THE PIONS
	<u>PARTIES</u>
2.	Plaintiff's name: Richda Mooro
	Plaintiff's address: 612 January Ave, Street address or P.O. Box
	5+ 603 Mo. 63735 City/ County/ State/Zip Code
	Area code and telephone number
3.	Defendant's name: Universal Printing
	Defendant's address: 1234 S. Kings highway  Street address or P.O. Box Kingshighway
	St. Cons Mo. 63110 City/County/State/Zip Code
	(314)771-6900

NOTE: IF THERE ARE ADDITIONAL PLAINTIFFS OR DEFENDANTS, PLEASE PROVIDE THEIR NAMES, ADDRESSES AND TELEPHONE NUMBERS ON A SEPARATE SHEET OF PAPER.

4. If you are claiming that the discriminatory conduct occurred at a different location,

please p	provide	the following information:
(Street	Addres	(City/County) (State) (Zip Code)
	5.	When did the discrimination occur? Please give the date or time period:
		April 26,2005
		ADMINISTRATIVE PROCEDURES
	6.	Did you file a charge of discrimination against the defendant(s) with the Missouri
Commi	ission (	on Human Rights?
		Yes Date filed:
	_ \nu	No
	7.	Did you file a charge of discrimination against the defendant(s) with the Equal
Employ		Opportunity Commission or other federal agency?
	<u> </u>	Yes Date filed: May 1, 2005
		No
	8.	Have you received a Notice of Right-to-Sue Letter?
		YesNo
If yes, j	please	attach a copy of the letter to this complaint.
	9.	If you are claiming age discrimination, check one of the following:
		60 days or more have passed since I filed my charge of age discrimination with the
Equal I	Employ	ment Opportunity Commission.
		fewer than 60 days have passed since I filed my charge of age discrimination with the
Equal I	Employ	ment Opportunity Commission.

## NATURE OF THE CASE

s lawsuit involves (check only those that apply):
nent
disability
employment differ from those of similar employees
ect in your charge of discrimination?
No
<del></del>
against because of my (check all that apply):
against because of my (check all that apply):
against because of my (check all that apply):
against because of my (check all that apply):
against because of my (check all that apply):
against because of my (check all that apply):

## 

Did you state the same reason(s) in your charge of discrimination?  Yes  No  12. State here, as briefly and clearly as possible, the essential facts of your claim.  Describe specifically the conduct that you believe is discriminatory and describe how each defendant	
Yes No  12. State here, as briefly and clearly as possible, the essential facts of your claim.	
12. State here, as briefly and clearly as possible, the essential facts of your claim.	
s involved in the conduct. Take time to organize your statement; you may use numbered paragraphs f you find it helpful. It is not necessary to make legal arguments, or to cite cases or statutes.	
Iniversal Printing hired me on Sept 13,2000 long with 2 other white women, I had	4
Syrs. Experience + the other 2 girls and now Experience. They made their	
Empany broke my probation 2+ ines	the
hen fired me on 4-26-05. This ompany has a history of racial discrimina	ation
do have my witness	

_	
(Attach addi	tional sheets as necessary).
13.	The acts set forth in paragraph 12 of this complaint:
	are still being committed by the defendant.
	are no longer being committed by the defendant.
	may still be being committed by the defendant.
	DECLERON NOD DEL VIII

## REQUEST FOR RELIEF

State briefly and exactly what you want the Court to do for you. Make no legal arguments; cite no cases or statutes.

## 

I would like the court to find the defendant guilty and I would like my job back thack pay, plus I would like to sue for pain + Suffering. I ketomake sure this Company will not do this again.
Signed this day of
Signature of Plaintiff